

Green shading indicates section where changes were made/ blue text indicates new or revised language within that section

ELIGIBLE VETERANS AND TRANSITIONING SERVICE MEMBERS SERVICES REPORT (ETA FORM 9133)

OMB No. 1205-NEW
Expires xx/xx/xxx

A. GRANTEE IDENTIFYING INFORMATION	
1. Grantee Name: 	3. Workforce Programs <input type="checkbox"/> Wagner- Peyser Employment Service <input type="checkbox"/> Jobs for Veterans State Grants - DVOP/LVER Programs
2. Grantee Mailing Address: City _____ State _____ Zip Code _____	4. Cumulative 4-Quarter End Date: <div style="text-align: right;">mm/dd/yyyy</div>
	5. Report Due Date: <div style="text-align: right;">mm/dd/yyyy</div>

B. CUSTOMER SUMMARY INFORMATION												
Performance Items	A Totals <i>(including non-veterans)</i>	B Totals Veterans and Other Eligible Persons				C TSMs	D Campaign Veterans	E Disabled Veterans	F Special Disabled Veterans	G Recently Separated Veterans (3 Yrs)	H Female Veterans	I Homeless Veterans
		1	2	3	4							
		Totals	18-44	45-54	55 and Over							
1. Total Entrants												
2. Total Participants												
2a. Male												
2b. Female												
2c. 18-44												
2d. 45-54												
2e. 55 and Over												
3. Received Staff Assisted Services												
3a. Attended TAP Employment Workshop												
3b. Received Career Guidance												
3c. Received Job Search Activities												
3d. Referred to Employment												
3e. Received Intensive Services												
3f. Referred to Federal Training												
3g. Placed in Federal Training												
3h. Referred to Federal Job												
3i. Referred to Federal Contractor Job												

C. REPORT CERTIFICATION/ADDITIONAL COMMENTS		
1. Report Comments/Narrative: 		
2. Name of Grantee Certifying Official/Title:	3. Telephone Number:	4. Email Address: